

Lifting Operation Permit

Job Name & Description of Work:				Document Control No: (PERMIT-Date-Initials)					
				PERMIT-					
Weight of Load:		Method by Which Weight w	as Determined:	Center of Grav	itv determin	ed b	v:		
Estimated or Known?		motion by Timon Troight that Botonimou.		Estimated or Calculated?					
Date/Time Permit Requested:		Date/Time Permit Issued:	Date/Time Permit Issued		Date/Time Permit Expires:				
		CONTACT INFORM	IATION						
	Name		Company		Phone	Num	ber		
Designated Lift Leader (Issuing Authority)									
Qualified Crane Operator (Performing Authority)									
Designated Rigger									
		SAFETY REVI	ΞW						
CRANE If the answer to any of	the following questions is "NO	D", lifting operations shall not proceed.				Yes	No	NA	
Was a pre-lift operations meeting held?									
2. Is the yearly crane/hoist inspection current? (Is it documented?)									
3. Has the daily visual inspection been completed?									
Are safety devices install									
Is the wind speed below lifting operation shall not		mph require reassessment of Wor	rk Risk Assessment and T	SEA, if wind speed >3	0 mph,				
6. Have precautions been to	aken to keep other personi	nel out of the area?							
7. Was the need to protect	the swing area and lift/land	ling zones considered?							
8. Has the ground stability been assessed, and is the ground stability adequate for this lift?									
RIGGING If the answer to any of the following questions is "NO", lifting operations shall not proceed.						Yes	No	NA	
9. Has the rigging been inspected? (shackles, chains, wire, rope, etc.)									
10. Is the rigging attached to the pole at the proper angle?									
LOAD If the answer to any of the following questions is "NO", lifting operations shall not proceed.						Yes	No	NA	
11. Has the need for taglines	been evaluated?								
12. Is the load to be lifted stable? (no liquid or other resulting load)									
13. Have the lifting lugs and	pad eyes been inspected?								
CRITICAL LIFT ASSESSM	IENT If the answer to any o	f the following questions is "YES", a cri	tical lift plan must be complete	ed.		Yes	No	NA	
14. Are people being lifted?	If yes, refer to Section 5.7	of the Lifting Operations Defined P	Practice.						
15. Are power lines within tw	ice the maximum boom sw	ing radius plus the equaled cleara	nce?						
16. Are two or more lifting ma	achines being used to simi	ultaneously lift one load?							
17. Is this a lift that presents	a risk of significant proper	ty damage or high potential of pers	onal injury?						
18. Will the crane or hoist op	erator lose sight of the lea	d original person at any time during	the lifting operation?						
19. Is the weight of the load more than 80% of the dynamic or static capabilities of the lift equipment?									
20. Is the lift being conducted over energized or pressurized equipment?									

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		LIF	T DET	AILS				
Crane Make & Model								
Total weight of required rigging								
Total weight of planned load								
Additional weight to be added to	o load							
TOTAL WEIGHT OF T								
Maximum operating boom radiu	IS							
Planned operating boom radius								
ALLOWABLE LOAD (from								
RATIO OF LIFT TO ALLOW								
Rigging Diagram:	TABLE LOAD.			Crane Setup Diagram				
Are there nearby power I	lines that are closer	ES", attach manbasket inspect than twice the distance of the	e maxin	num length of the boom?	d off	Yes	No	NA
 3. Are the power lines energized? If "YES", then stop the job and contact the Electrical Service Provider (ESP) to request the power turned off. 4. Do you have documentation from the ESP that all electrical power lines have been de-energized? 								
5. Is there sufficient clearance to de-energize power lines?								
6. Is there a spotter?								
7. Will there be a representative of the ESP on site during the lift? Name:								
	NOTE: There may be instances that require lifts that are closer than twice the boom radius to be made near a live electrical power line. These must be very carefully planned and require approval from the Area Lift Champion and a Regional Manager or Deputy Regional Manager.							
		AUTHORIZI	ING S	IGNATURES load (from the load chart) at the planned boom rac	dius.			
TITLE	NAME		SIGN	IATURE	DATE/TIME			
Designated Lift Leader (Issuing Authority)								
Qualified Crane Operator (Performing Authority)								
Designated Rigger								
Signaler								